

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2006
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The annual Life Safety Code inspection was conducted on October 20, 2006. The following deficiencies were based on observations made during the inspection.	K 000		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that penetrations were present in the wall surfaces above ceiling tiles. These findings were observed in the presence of the Maintenance Director. The findings include: Penetrations were observed in wall surfaces-	K 017	K017 NFPA 101 Life Safety Code Standard 1. All identified areas of penetration have been sealed. 2. The facility will conduct another facility inspection to insure that all areas have been treated by 11/30/06. 3. A preventative maintenance program will be implemented to survey one unit monthly to identify any new areas of penetration. 4. Findings of the surveys will be reported to the facility's Safety Committee.	11/30/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Pallara Acting Administrator 11/6/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 017	Continued From page 1 around electrical wires, cables and pipes, in the following areas: Ground Level a 3 to 4 inch opening was observed in wall surfaces over stairwell door # 3 in one (1) of five (5) observations at 10:41 AM on October 20, 2006. Penetrations were observed in wall surfaces over the laundry storage room and the laundry entrance doors in two (2) of five (5) observations at 10:45 AM on October 20, 2006. Second Floor a 4 to 6 inch penetration was observed around the heat and cooling pipes in the wall surfaces near the conference center in two (2) of six (6) observations at approximately 12 :10 PM on October 20, 2006. Third Floor an opening was observed around a group of telecommunications wires that passed through the floor in one (1) of five (5) observations 12:55 PM on October 20, 2006.	K 017			

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K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that double and single swinging doors failed to close and latch. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>Third Floor the pantry room entrance door failed to close and latch in one (1) of one (1) observation at 11:47 AM on October 20, 2006.</p> <p>The storage room and personal laundry room doors failed to close and latch in two (2) of two (2)</p>	K 018	<p>K018 NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> The identified doors will be repaired by 11/30/06 to insure proper closure. All fire doors will again be inspected by 11/30/06. Semi-annually all fire doors will be tested and the supervisor will perform random tests weekly. Findings will be reported to the Safety Committee and the department director for review on a monthly basis. 	11/30/06

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K 018	Continued From page 3 observations at 12:25 AM on October 20, 2006. Fourth Floor the pantry door failed to close and latch in one (1) of five (5) observations at 12:30 PM on October 20, 2006. Fifth Floor the pantry and storage room doors failed to close and latch in two (2) of five (5) observations at 12:35 PM on October 20, 2006.	K 018		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the survey period, it was determined that the fire gate was damaged and separated from stairwell walls. The findings include: Hinges were damaged and separated from the wall on the stairwell fire gate between the ground and first floor stairwells in one (1) of 15 observations at 10:40 AM on October 20, 2006.	K 130	K 130 NFPA 101 Miscellaneous 1. The hinge in the stairwell between the first and ground floor will be replaced by 11/30/06 2. All other fire gates will be inspected to insure that they are in good working order and repaired as needed by 11/30/06. 3. The supervisor will perform monthly checks of all gates to determine functional adequacy. 4. Findings will be reported to the Safety Committee and the department director for review on a monthly basis.	11/30/06